

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

☐ Amended

IN THE MATTER OF

**Petition for
Annual Review
of Protective Placement**

Case No. _____

Date of Birth _____

UNDER OATH, I STATE THAT:

1. I am a representative of the county department of the individual's county of residence.
2. This individual is currently placed in:
 - Name of facility: _____
 - Address of facility: _____
 - Contact person at facility: _____
 - Phone number of contact person: _____
3. The county department's annual report of the review of the status of this individual is filed or will be filed. A copy of this report has been provided to the individual, guardian of the individual and the individual's agent under any activated power of attorney for health care.
- ☐ 4. This individual has developmental disabilities and is currently protectively placed in an intermediate facility or nursing facility. The plan for providing home or community-based care in a noninstitutional community setting, intermediate facility or nursing facility which would be the most integrated setting appropriate to the needs of this individual is filed or will be filed. A copy of this plan shall be sent to the individual's guardian.
5. Therefore, I request that the court review the status of the protective placement of this individual.

Subscribed and sworn to before me

on _____

Signature of Petitioner

Name Printed or Typed

Notary Public/Court Official

My commission expires: _____

Address